



## **DERMAL FILLER FACT SHEET**

Facial rejuvenation with Dermal Fillers, can be carried out with minimal complications. The products are composed of cross-linked hyaluronic acid which is a naturally occurring substance found in our bodies. As we age, production of this substance declines. The product, once injected into the area of treatment, produces a natural volume under wrinkles or where there has been some volume loss due to weight loss or ageing. The results can often be seen immediately. The product also contains a local anesthetic, which assists in the procedure being undertaken with little discomfort.

Treatment with Dermal Fillers can

- smooth out Folds in the skin of the face (such as nasolabial folds) and wrinkles
- add volume to the lips and
- contour facial features that have lost their fullness due to aging, sun exposure and weight loss

## **RISKS AND COMPLICATIONS**

Quite often there are no side-effects of the treatment and the Dermal fillers used at Sculpting Surgery are of the highest quality worldwide.

Some side effects may include but are not limited to:

- bruising
- swelling
- redness
- tenderness
- itching and
- nodule (small bumps) formation may occur after injection.

A few if any of these symptoms can sometimes but rarely last less than seven days. Until the initial bruising and swelling is resolved, exposure to sun or other UV sources and extreme cold should be minimized.

In very rare circumstances, other complications could occur. These can include:

- More prominent bruising
- bleeding may occur with people who are taking anticoagulant drugs (blood thinners).
- Skin Necrosis (extremely rare)

## **PRECAUTIONS**

We generally advise that you refrain from taking fish oils/omega 3 supplements for at least a week before treatment. Prescribed medication for blood thinning should never be ceased unless advised by GP/Medical Consultant. If you are taking prescribed anti-coagulants, it is imperative that you inform your treating specialist prior to any dermal filler treatment.

The safety of dermal fillers for pregnant and nursing women has not been investigated and Dermal fillers should be used with caution in people undergoing immunosuppressive therapy.

Subsequent laser treatment, chemical peeling or other dermal procedures may cause a possible risk of inflammatory response at the injection site. This also applies if dermal filler is administered to soon before the skin has healed after such procedures.

The use of dermal fillers should be postponed in the case of certain inflammatory skin disorders, such as

- cold sores
- skin sores
- rashes
- cysts,
- hives or infection at the injection site.

**CONSENT FOR TREATMENT (DERMAL FILLERS)**

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Post treatment discomfort, swelling, redness, and bruising, discoloration
- Post treatment infection associated with any transcutaneous injection
- Allergic reaction
- Reactivation of Herpes (cold sores)
- Lumpiness, visible blue or white patches in approximately 20% of cases
- Granuloma formation
- Localized Necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

**PHOTOGRAPHS**

I authorize the taking of clinical photographs and their use as a baseline for comparison and future treatments.

I understand my identity will be protected.

**PREGNANCY, ALLERGIES & DISEASE**

I am not aware that I am pregnant. I am not trying to get pregnant. I am not breastfeeding. I do not have or have not had any major illnesses, which would prohibit me from receiving Dermal Filler Treatment.

I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine.

**RESULTS**

I am aware that full correction is important and that follow-up touch-up/treatments will be required to maintain the full effects of the treatment. I am also aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, general health, life-style conditions and sun exposure.

The treatment, depending on these factors may last anywhere between 12 and 24 months.

I have been instructed in and understand post treatment instructions and have been given a copy of these.

**PAYMENT**

I understand that this procedure is cosmetic and results may vary from person to person. I understand that full payment is my responsibility and there are no refunds.

**CONSENT**

The procedure(s) has been explained to me. I have read and understand the above and I accept the risks and complications that although rare, may result because of the procedure.

If I have any changes in my medical history, I will notify Mr Timms/nursing and or reception staff prior to any further treatments. I hereby voluntarily consent to treatment.

Patient name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_